ATTACHMENT C



ACES ID:____

TIME-LIMIT CASE STAFFING RESULT LETTER

CSO: _____

| DATE: | JAS ID: |
|--|------------|
| Mike Jones 4574 Harper Way Anywhere, WA 98555 | |
| Dear Mr. Jones: | |
| Thank you for being part of the Time Limit Case Staffing held on July 31, 2001 with CSO staff and other agency providers. The purpose of the Time Limit Case Staffing was to identify the issues that are keeping your family from exiting the TANF grant and to jointly develop a plan to help you support your family. | |
| You have only <u>12</u> months left to receive TANF cash assistance. Your new plan identifies the issue(s), action steps, and time frames for resolution of issue(s) and outlines the WorkFirst activities that you are required to participate in the upcoming months. | |
| You are responsible to follow through with the identified service providers on all action steps listed in your new IRP (copy enclosed). | |
| Please contact me with any questions or concerns. Thank you. | |
| Sincerely, | |
| WFCM/Social Worker | |
| WFCM Social Worker | PhonePhone |
| | |